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## Shared Decision-Making in the Emergency Department: Patient and Physician Perspectives

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# Shared Decision-Making in the Emergency Department: Patient and Physician Perspectives



**Baystate  
Health**



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# Disclosures

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# Stakeholder Engagement: Methods

- Qualitative Methods
  - Semi-structured interviews with physicians
  - Semi-structured interviews with patients/proxies
- Survey
  - Of patients



# Participants

- Physicians: 15 Emergency Physicians
  - Western MA
  - Multiple different practice settings
  - Academic and community
- Patients: 29 ED patients/surrogates, 2 EDs
  - Diverse group in age, race, education, health care needs and experience



# Relevant findings – Physicians :

- All physicians report using SDM
  - Variable in whom, when, and how well
- Motivation: to give individualized care, avoid algorithms, avoid tests, follow own agenda
- “Time constraints” consistently the #1 barrier
- Also: Uncertainty, Fear of a missed diagnosis, Lack of follow-up, Patient characteristics, Clinical skills/ communication skills



# Relevant quotes

- “I don’t care if they like me, they just have to get better.”
- “Ordering a CT scan is just one click of a button for me...”
- “I don’t really care what any pseudo-scientific study says about this...”



# “What research findings or policy changes would encourage your use of SDM?”

*(Participants gave more than one answer each).*

Research Finding or Policy	Number (%)
Decreased medicolegal risk	5 (33%)
Improved resource utilization (such as decreased admissions)	5 (33%)
Guidelines (would encourage use of SDM)	5 (33%)
Participant expressed anti-guideline sentiments	3 (20%)
Increased patient satisfaction	4 (27%)
Improved patient engagement/empowerment	4 (27%)
Decreased or equivalent morbidity or mortality (ex. Missed MIs)	4 (27%)
Decreased iatrogenic side effects of interventions	1 (7%)
Improved patient flow or productivity	2 (13%)
Research findings wouldn't influence participant's use of SDM	1 (7%)





# Relevant findings – Patients

- 20 (69%) had some experience “making a decision with a doctor”
- In scenarios discussed, all patients wanted to be involved in decisions (in at least one scenario)
- Patients with more experience with the health care system were more comfortable being involved
  - Except for the oldest

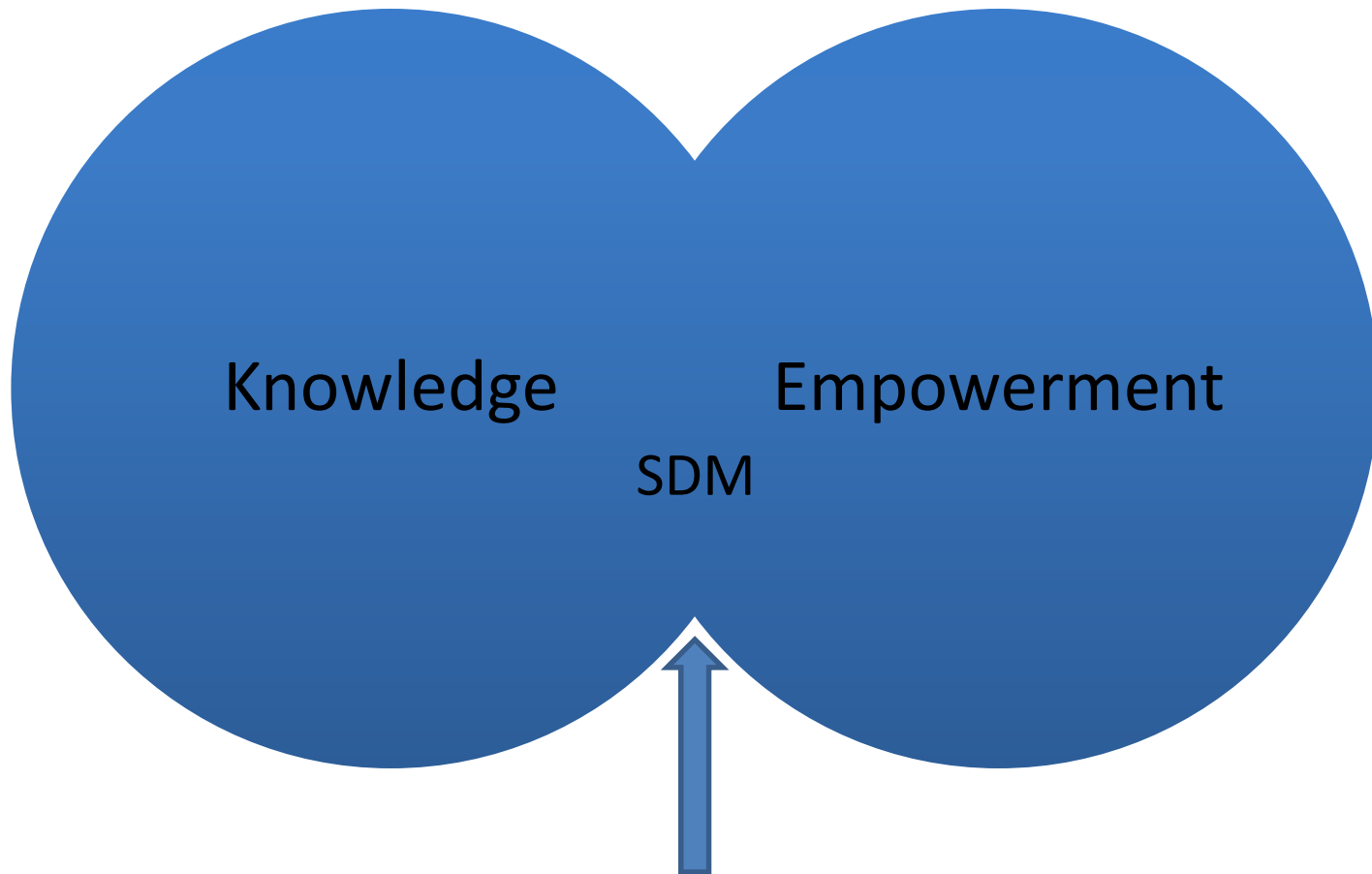


# Barriers

- Physician is a poor communicator
- Patient doesn't understand consequences of decision (so would prefer to leave it "up to the doctor")
- *Patients did not see that decisions were constantly being made*
- *Patients' body language often did not reflect how much they would like to be involved*



# Knowledge is not power, and neither is enough



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Invitation

# Summary

- Get to know your stakeholders (those who *initiate* the conversation)
  - Find out what's important to them
- Don't expect patients to push for this – most don't recognize when decisions are being made



# Comments

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